APPLICATION FOR ARCHITECT LICENSURE BY EXAMINATION

APPLICATION INSTRUCTIONS

Please complete the reverse side of this form by providing all of the requested information. Your signature must be notarized and the appropriate fees must be attached. Submit the completed form to the address noted below. To be considered by the Board, properly completed applications must be received by the Executive Secretary at least thirty (30) days prior to the first day of the month in which the Board will meet.

NOTE: ANY PRACTICE OR SOLICITATION OF ARCHITECTURE IN IDAHO PRIOR TO OBTAINING A VALID LICENSE IS UNLAWFUL AND MAY RESULT IN CRIMINAL PROSECUTION AND DENIAL OF LICENSURE. (54-305. & 54-310., I.C.)

Please read all questions carefully. All requested information and fees must be provided. Failure to provide a complete application will result in its return to you.

EXAMINATION PROCESSING FEE \$ 25.00 ADDITIONAL EXAMINATION FEES MAY BE REQUIRED BY NCARB

ATTACH THE FOLLOWING

Please attach current letters of reference addressing your character, training, and experience from three (3) currently licensed architects who are not in or employed by the same firm as, or an employee of, the applicant.

PHOTOGRAPH: A 2" X 3" photograph of yourself, taken within 1 year of this application must be attached below.

	HEIGHT
	WEIGHT
ATTACH PHOTOGRAPH HERE	EYE COLOR
	HAIR COLOR
	OTHER DISTINGUISHING FEATURES

A.D.A. NOTICE

In compliance with the Americans with Disabilities Act, please identify any special services that may be required to meet your special needs.

(A request for special services must be accompanied by medical documentation identifying your disability.)

Questions regarding this application or the requirements for licensure may be addressed to:

BUREAU OF OCCUPATIONAL LICENSES
1109 Main Street, Suite 220
Boise, Idaho 83702-5642
(208) 334-3233
FAX (208) 334-3945
E-mail - csimpson@ibol.state.id.us
Web site - www2.state.id.us/ibol/arc.htm

STATE OF IDAHO BUREAU OF OCCUPATIONAL LICENSES

1109 Main Street, Suite 220 Boise, Idaho 83702-5642

APPLICATION FOR ARCHITECT LICENSURE BY EXAMINATION

(see instructions)

I hereby submit my qualifications and make application for an Architect license in the State of Idaho under the provisions of Title 54, Chapter 3, Idaho Code as amended and provide the following:

1.	Full Name (Mr., M	rs., or Ms.)						
2.	Mailing Address_							
			Street/PC			City	State	Zip
3.	Date of Birth		_/	Place of Birth		Social Security No	/	/
			•	taken within 1 y	year of this application	& proof of age must be	attached.	
						s acceptable for proof of age.)		
4.	Daytime phone _(_)		Fax _()	E-ma	nil		
	•	cord must	be received			d & you may skip number	[]Yes s 6 below.	
(If ye If	f Yes, this office must ears experience. Verifice No, you must submit s	receive offication letter satisfactory	cial educati s from past evidence th	onal transcripts of employer are requal tat you have attain	lirectly from the universuited to document expended the educational equ	architectural experience: sity/college registrar AND erience.) 54-302.1.a., I.C. of ivalent, AND documentat ent experience.) 54-302. I.	document & Rule 300 ion of 8 ye	ation of 3 0.01.e.
					equirements is manda ur application will be p	tory. This office must recordessed)	eive certifi	ed
(I		certification	on of said lic	censure(s) directly	no or any other state(s y from each issuing auth)? hority OR your NCARB c	[]Yes ertificatior	
						or otherwise sanctioned? on will be processed.) 54-		[]No
(I	D. Have you ever been f yes, a detailed statem formation must be received.	ent, a sumr	nary of the o	charges, the final	order, any probation or	parole documentation, an	[]Yes d any othe	
	. Have you solicited f Yes, please attach a s					hitect in this state prior	to this app	
my pr Bo Oo	y knowledge and belie actice of Architecture, oard. I also hereby auth ccupational Licenses of disclosure that may ha	f. I further and the Na norize and or it's authorize are bearing	certify that tional Coun lirect any perized repress on my eligi	rovided above and I have reviewed acil of Architecturerson, agency, fir entative, any inforbility for or main	and will comply with the ral Registration Boards' m, or other entity to release mation, communication tenance of the license f	application are true and acte Idaho Laws and Rules graves of Conduct as adoptease, upon the request of ton, report, record, statemer for which I am applying. It is be protected or confident	governing to ted by the he Bureau at, recomm understan	he Idaho of endation,
		_			Signature of applicant	 ;		
St St	ate of ubscribed and sworn be	_, County of	ot da is da	, ss. ay of	, 20	·		
	(seal)				Notary Public official residing at			

my commission expires_